

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/518257

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Extension of Time
<input type="checkbox"/>	Notice of Appeal/Appeal
<input type="checkbox"/>	Petition
<input type="checkbox"/>	Issue
<input type="checkbox"/>	Cert of Correction/Terminal Disc.
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Assignment
<input type="checkbox"/>	Other

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:

<input checked="" type="checkbox"/>	Overpayment
<input type="checkbox"/>	Duplicate Payment
<input type="checkbox"/>	No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 14--1270

REFUND COMPLETED
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: T.A.

TITLE: Proleg

SIGNATURE: [Signature]

PHONE: _____

OFFICE: PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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✓	Filing			\$ <u>100</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ <u>100</u>	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
- Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9 7 4 -- 1 2 7 0		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>J. L. H.</u>		TITLE: <u>Proleg.</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: _____		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

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